DECLARATION and POWER OF ATTORNEY

ATTORNEY'S DOCKET NO.: PHNL000025 US

As a below named inventor, I hereby declare that:

the specification of which (check one) is attached hereto.

My residence, post office address and citizenship are as stated below next to my name.

In the state of th

was filed on		as Application Serial No		and was amended on (if applicable).				
amended by the amer	that I have reviewed andment(s) referred to abo	ove.				n, including the	claims, as	
I acknowledg Code of Federal Requ	e the duty to disclose in lations, \$1.56(a).	formation	which is mater	rial to patentability of th	nis application in	accordance w	ith Title 37,	
I hereby clain inventor's certificate lis	n foreign priority benefits sted below and have als application on which pri	o identified iority is cla	d below any fo aimed:					
OOLINITE)/	ADD MUMBED	PHIO				DDIO DITI		
COUNTRY	RY APP. NUMBER		DATE OF FILING (DATE, MONTH, YEAR)			PRIORITY CLAIMED UNDER 35 U.S.C. 119		
Europe 00200330.9		01 February		y 2000		YES		
as the subject matter of grovided by the first pa		this applicated States (a) which	ation is not dis Code, §112, I occurred betv	closed in the prior Unit acknowledge the duty	ted States applicated to disclose mate	ation in the ma	anner n as defined	
ADDITION OF DIA				S APPLICATION(S)	071700 (01	T-17-0 0-	15110	
APPLICATION SERIA	FILING DATE			STATUS (PATENTED, PENDING, ABANDONED)				
4								
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FOWER OF ATTORN	shable by fine or imprison may Jeopardize the value of value of the va	idity of the or, I hereb	application or appoint the f	r any patent issued the ollowing attorney(s) ar	reon. nd/or agent(s) to	prosecute this		
SEND CORRESPONDENCE TO: Corporate Par			nt Counsel; DIRECT TELEPHONE		IE CALLS TO:			
U.S. Philips Corporation		(name and telephone I		e No.)				
580 White Plains Road		(914) 332-0222						
Dated:			Inventor's Sig	gnature:				
Full Name of Inventor	Last Name HOLTSLAG		First Name Antonius		Middle Name Hendricus Maria			
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	Prof. Hoistlaan 6		5656 AA Ein		The Netherla	ands	· ·	
Dated:			Inventor's Signature	gnature:				
Full Name of Inventor Last Name			First Name		Middle Name			
Decide a	HOPPENBROUWER	S	Jurgen State or Foreign Country		Jean Louis			
Residence & Citizenship	City Eindhoven		State or Fore	eign Country ands	Country of Citizenship The Netherlands			
Post Office Address	Street Prof. Holstlaan 6		City 5656 AA Ein		State or Cou	ntry	Zip Code	